

Registration Form

Call 707.428.7714 or email classes@fairfield.ca.gov for more information

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Ways to Register



Mail: Complete the registration form below.

Mail form and check or money order to:

Class Registrar



Fairfield Community Resources

1000 Webster Street

Fairfield, CA 94533-4883



Walk-in: Fairfield Community Center

1000 Kentucky Street, Fairfield, CA 94533

Monday - Friday, 11 a.m. - 5:30 p.m.

(excluding the 1st and 3rd Friday of each month as all City offices are closed.)



Fax: with credit card information to: 707.399.8534

Register online: www.fairfield.ca.gov, click on E-Services, and then on EZREG

Adult Participant or Parent/Guardian Name			Primary Phone	
Address		Apt. #		Other Phone
City, ST, ZIP			Spouse Name	
Emergency Contact Name and Telephone			May we notify you about future classes and special events via email? <input type="checkbox"/> Yes, please. <input type="checkbox"/> No, thank you.	
My E-mail Address:				
Participant's Name	Birthdate	Bar Code	Program Title	Fee
				Total Fees \$

Payment Information

☐ Check # _____ ☐ Cash ☐ Mastercard ☐ VISA Card No. _____ Exp. Date _____

Authorized Signature _____ Print Name _____

Liability Waiver (Signature Required)

I, _____, certify that I am the participant and/or parent and/or legal guardian of _____ (hereinafter referred to as "Participant(s)").

I, the undersigned, do hereby agree to participate in the classes and all programs registered for from _____ to June 30, 20____ and/or give my permission for the minor Participant, over whom I have custody and control, to participate in the classes and programs listed above. I understand that participation in the above listed activities may involve an element of risk and danger of accidents, and I agree to assume all such risks. I further certify that the Participant has no physical condition or other impediment which would prevent safe participation in the listed activities or endanger the Participant. I am participating and/or allowing Participant(s) to participate in this activity with knowledge of the danger involved. I accept and assume all risks of injury, death, or property damage. (Please initial)_____

Understanding the risks of the listed activities, I hereby agree to assume those risks and release and hold harmless the City of Fairfield, its officers, employees, agents, and volunteers, from any liability to me or my heirs or assigns for damages arising out of or related to Participant's participation in the activities listed above, including any provided transportation services. I also grant full permission to the City of Fairfield to use my and/or Participant(s)' name and/or photograph, video, motion picture or recording for any publicity or promotion purposes without obligation or liability.

Signature _____ Print Name: _____ Date: _____